

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

FILED
2/25/2020

PJ

UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF ILLINOISTHOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTBeoncia Jones

Plaintiff(s),

1:20-cv-00816

Judge Sharon Johnson Coleman

Magistrate Judge M. David Weisman

Ann & Robert H.
Lurie Childrens Hospital

Defendant(s).

RECEIVEDFEB - 4 2020 *PB*THOMAS G. BRUTON
CLERK, U.S. DISTRICT COURTCOMPLAINT OF EMPLOYMENT DISCRIMINATION

1. This is an action for employment discrimination.
2. The plaintiff is Beoncia Jones of the
county of COOK in the state of Illinois.
3. The defendant is Ann & Robert H. Lurie Childrens Hospital whose
street address is 225 E Chicago Avenue,
(city) Chicago (county) COOK (state) IL (ZIP) 60611
(Defendant's telephone number) (312) - 227-4000
4. The plaintiff sought employment or was employed by the defendant at (street address)
225 E-Chicago Avenue (city) Chicago
(county) COOK (state) IL (ZIP code) 60611

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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5. The plaintiff [*check one box*]

- (a) ☐ was denied employment by the defendant.
- (b) ☐ was hired and is still employed by the defendant.
- (c) ☒ was employed but is no longer employed by the defendant.

6. The defendant discriminated against the plaintiff on or about, or beginning on or about, (month)_____, (day)_____, (year)_____.

7.1 (*Choose paragraph 7.1 or 7.2, do not complete both.*)

- (a) The defendant is ~~not~~ a federal governmental agency, and the plaintiff [*check one box*] ☒ has ☐ has not filed a charge or charges against the defendant

asserting the acts of discrimination indicated in this complaint with any of the following government agencies:

- (i) ☒ the United States Equal Employment Opportunity Commission, on or about (month) 09 (day) 21 (year) 2018.
- (ii) ☐ the Illinois Department of Human Rights, on or about (month)_____ (day)_____ (year)_____.

- (b) If charges ~~were~~ filed with an agency indicated above, a copy of the charge is attached. ☒ Yes, ☐ No, **but plaintiff will file a copy of the charge within 14 days.**

It is the policy of both the Equal Employment Opportunity Commission and the Illinois Department of Human Rights to cross-file with the other agency all charges received. The plaintiff has no reason to believe that this policy was not followed in this case.

7.2 The defendant is a federal governmental agency, and

- (a) the plaintiff previously filed a Complaint of Employment Discrimination with the

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defendant asserting the acts of discrimination indicated in this court complaint.

☒ Yes (month) 09 (day) 21 (year) 2018

☐ No, did not file Complaint of Employment Discrimination

(b) The plaintiff received a Final Agency Decision on (month) _____
(day) _____ (year) _____.

(c) Attached is a copy of the

(i) Complaint of Employment Discrimination,

☒ Yes ☐ No, but a copy will be filed within 14 days.

(ii) Final Agency Decision

☒ Yes ☐ No, but a copy will be filed within 14 days.

8. (Complete paragraph 8 only if defendant is not a federal governmental agency.)

(a) ☐ the United States Equal Employment Opportunity Commission has not
issued a *Notice of Right to Sue*.

(b) ☒ the United States Equal Employment Opportunity Commission has issued
a *Notice of Right to Sue*, which was received by the plaintiff on
(month) _____ (day) _____ (year) _____ a copy of which
Notice is attached to this complaint.

9. The defendant discriminated against the plaintiff because of the plaintiff's [**check only
those that apply**]:

(a) ☐ Age (Age Discrimination Employment Act).

(b) ☐ Color (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).

[If you need additional space for ANY section, please attach an additional sheet and reference that section.]

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- (c) ☒ Disability (Americans with Disabilities Act or Rehabilitation Act)
- (d) ☐ National Origin (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (e) ☐ Race (Title VII of the Civil Rights Act of 1964 and 42 U.S.C. §1981).
- (f) ☐ Religion (Title VII of the Civil Rights Act of 1964)
- (g) ☐ Sex (Title VII of the Civil Rights Act of 1964)
10. If the defendant is a state, county, municipal (city, town or village) or other local governmental agency, plaintiff further alleges discrimination on the basis of race, color, or national origin (42 U.S.C. § 1983).
11. Jurisdiction over the statutory violation alleged is conferred as follows: for Title VII claims by 28 U.S.C. §1331, 28 U.S.C. §1343(a)(3), and 42 U.S.C. §2000e-5(f)(3); for 42 U.S.C. §1981 and §1983 by 42 U.S.C. §1988; for the A.D.E.A. by 42 U.S.C. §12117; for the Rehabilitation Act, 29 U.S.C. § 791.
12. The defendant ***[check only those that apply]***
- (a) ☐ failed to hire the plaintiff.
- (b) ☐ terminated the plaintiff's employment.
- (c) ☐ failed to promote the plaintiff.
- (d) ☐ failed to reasonably accommodate the plaintiff's religion.
- (e) ☒ failed to reasonably accommodate the plaintiff's disabilities.
- (f) ☐ failed to stop harassment;
- (g) ☒ retaliated against the plaintiff because the plaintiff did something to assert rights protected by the laws identified in paragraphs 9 and 10 above;
- (h) ☐ other (specify): _____

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13. The facts supporting the plaintiff's claim of discrimination are as follows:

Restriction was accommodated entire length of employment. employer Required me to be taken off of work due to not being Able to accommodate Restrictions. Returned Back to work and did not receive training

14. **[AGE DISCRIMINATION ONLY]** Defendant knowingly, intentionally, and willfully discriminated against the plaintiff.

15. The plaintiff demands that the case be tried by a jury. ☐ Yes ☐ No

16. THEREFORE, the plaintiff asks that the court grant the following relief to the plaintiff **[check only those that apply]**

- (a) ☐ Direct the defendant to hire the plaintiff.
- (b) ☐ Direct the defendant to re-employ the plaintiff.
- (c) ☐ Direct the defendant to promote the plaintiff.
- (d) ☐ Direct the defendant to reasonably accommodate the plaintiff's religion.
- (e) ☐ Direct the defendant to reasonably accommodate the plaintiff's disabilities.
- (f) ☒ Direct the defendant to (specify):

Change employment Status. ~~Direct the defendant to hire the plaintiff.~~ ~~Direct the defendant to re-employ the plaintiff.~~ ~~Direct the defendant to promote the plaintiff.~~ ~~Direct the defendant to reasonably accommodate the plaintiff's religion.~~ ~~Direct the defendant to reasonably accommodate the plaintiff's disabilities.~~ 1055

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- (g) ☒ If available, grant the plaintiff appropriate injunctive relief, lost wages, liquidated/double damages, front pay, compensatory damages, punitive damages, prejudgment interest, post-judgment interest, and costs, including reasonable attorney fees and expert witness fees.
- (h) ☐ Grant such other relief as the Court may find appropriate.

Beoncia Jones
(Plaintiff's signature)

BEONCIA JONES
(Plaintiff's name)

6210 N. Oakley Avenue Chicago.
(Plaintiff's street address)

(City) Chicago (State) IL (ZIP) 60659

(Plaintiff's telephone number) (847) 766-8766

Date: 2/4/2020

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EEOC Form 5 (11/09)

CHARGE OF DISCRIMINATION This form is affected by the Privacy Act of 1974. See enclosed Privacy Act Statement and other information before completing this form.		Charge Presented To: Agency(ies) Charge No(s): <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> FEPA <input checked="" type="checkbox"/> EEOC </div> <div style="text-align: right;"> 440-2020-00679 </div> </div>	
Illinois Department Of Human Rights and EEOC <i>State or local Agency, if any</i>			
Name (Indicate Mr., Ms., Mrs.) Beoncia Jones		Home Phone (Incl. Area Code) (847) 766-8766	Date of Birth 1992
Street Address City, State and ZIP Code 6210 North Oakley Avenue, #G, Chicago, IL 60659			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name ANN AND ROBERT H LURIE CHILDRENS HOSPITAL		No. Employees, Members 500 or More	Phone No. (Include Area Code) (312) 227-4000
Street Address City, State and ZIP Code 225 East Chicago Avenue, Chicago, IL 60611			
Name <div style="text-align: right; font-size: 1.5em; font-weight: bold;">RECEIVED EEOC</div>		No. Employees, Members OCT 29 2019	Phone No. (Include Area Code)
Street Address City, State and ZIP Code <div style="text-align: right; font-weight: bold;">CHICAGO DISTRICT OFFICE</div>			
DISCRIMINATION BASED ON (Check appropriate box(es).) <div style="display: flex; flex-wrap: wrap;"> <div style="margin-right: 10px;"><input type="checkbox"/> RACE</div> <div style="margin-right: 10px;"><input type="checkbox"/> COLOR</div> <div style="margin-right: 10px;"><input type="checkbox"/> SEX</div> <div style="margin-right: 10px;"><input type="checkbox"/> RELIGION</div> <div style="margin-right: 10px;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="margin-right: 10px;"><input checked="" type="checkbox"/> RETALIATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> AGE</div> <div style="margin-right: 10px;"><input type="checkbox"/> DISABILITY</div> <div style="margin-right: 10px;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="margin-right: 10px;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE Earliest Latest <div style="text-align: right; font-weight: bold;">10-29-2018</div> <div style="margin-top: 10px;"><input checked="" type="checkbox"/> CONTINUING ACTION</div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I began my employment with Respondent on or about February 19, 2017. My current position is Sterile Processing. During my employment, I filed a Charge of Discrimination (EEOC#: 440-2018-08456). Subsequently, I have been subjected to different terms and conditions of employment, including, but not limited to, having my trays sabotaged and being denied my preferred schedule. I have also been denied training and subjected to discipline.</p> <p>I believe I have been discriminated against, in retaliation for engaging in protected activity, in violation of the Americans with Disabilities Act of 1990, as amended.</p>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures. I declare under penalty of perjury that the above is true and correct.	NOTARY – When necessary for State and Local Agency Requirements I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)
<div style="display: flex; justify-content: space-between;"> <div> Oct 29, 2019 Date </div> <div> Charging Party Signature </div> </div>	

DISMISSAL AND NOTICE OF RIGHTS

To: **Beoncia Jones**
6210 North Oakley Avenue, #G
Chicago, IL 60659

From: **Chicago District Office**
230 S. Dearborn
Suite 1866
Chicago, IL 60604

☐

On behalf of person(s) aggrieved whose identity is
CONFIDENTIAL (29 CFR §1601.7(a))

EEOC Charge No.

EEOC Representative

Telephone No.

440-2020-00679

Seth Sinclair,
Investigator

(312) 872-9730**THE EEOC IS CLOSING ITS FILE ON THIS CHARGE FOR THE FOLLOWING REASON:**☐

The facts alleged in the charge fail to state a claim under any of the statutes enforced by the EEOC.

☐

Your allegations did not involve a disability as defined by the Americans With Disabilities Act.

☐

The Respondent employs less than the required number of employees or is not otherwise covered by the statutes.

☐

Your charge was not timely filed with EEOC; in other words, you waited too long after the date(s) of the alleged discrimination to file your charge

☒

The EEOC issues the following determination: Based upon its investigation, the EEOC is unable to conclude that the information obtained establishes violations of the statutes. This does not certify that the respondent is in compliance with the statutes. No finding is made as to any other issues that might be construed as having been raised by this charge.

☐

The EEOC has adopted the findings of the state or local fair employment practices agency that investigated this charge.

☐

Other (briefly state)

- NOTICE OF SUIT RIGHTS -

(See the additional information attached to this form.)

Title VII, the Americans with Disabilities Act, the Genetic Information Nondiscrimination Act, or the Age Discrimination in Employment Act: This will be the only notice of dismissal and of your right to sue that we will send you. You may file a lawsuit against the respondent(s) under federal law based on this charge in federal or state court. Your lawsuit must be filed **WITHIN 90 DAYS** of your receipt of this notice; or your right to sue based on this charge will be lost. (The time limit for filing suit based on a claim under state law may be different.)

Equal Pay Act (EPA): EPA suits must be filed in federal or state court within 2 years (3 years for willful violations) of the alleged EPA underpayment. This means that backpay due for any violations that occurred **more than 2 years (3 years)** before you file suit may not be collectible.

On Behalf of the Commission

Julianne Bowman
Julianne Bowman,
District Director

11/4/19

Enclosures(s)

(Date Mailed)

cc. **ANNE AND ROBERT H. LURIE CHILDREN'S HOSPITAL**
c/o Joni Duncan, Chief Human Resources Officer
225 East Chicago Avenue, Box 14
Chicago, IL 60611

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Illinois Department Of Human Rights and EEOC <i>State or local Agency, if any</i>			
Name (indicate Mr., Ms., Mrs.) Beoncia Jones		Home Phone (847) 636-8191	Year of Birth
Street Address City, State and ZIP Code 6214 N Claremont Ave, CHICAGO, IL 60659			
Named is the Employer, Labor Organization, Employment Agency, Apprenticeship Committee, or State or Local Government Agency That I Believe Discriminated Against Me or Others. (If more than two, list under PARTICULARS below.)			
Name ANN & ROBERT H LURE CHILDREN'S HOSPITAL		No. Employees, Members 15 - 100	Phone No. (312) 227-4000
Street Address City, State and ZIP Code 225 E CHICAGO AVE, CHICAGO, IL 60611			
Name		No. Employees, Members	Phone No.
Street Address City, State and ZIP Code			
DISCRIMINATION BASED ON (Check appropriate box(es)) <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> RACE</div> <div style="width: 50%;"><input type="checkbox"/> COLOR</div> <div style="width: 50%;"><input type="checkbox"/> SEX</div> <div style="width: 50%;"><input type="checkbox"/> RELIGION</div> <div style="width: 50%;"><input type="checkbox"/> NATIONAL ORIGIN</div> <div style="width: 50%;"><input type="checkbox"/> RETALIATION</div> <div style="width: 50%;"><input type="checkbox"/> AGE</div> <div style="width: 50%;"><input checked="" type="checkbox"/> DISABILITY</div> <div style="width: 50%;"><input type="checkbox"/> GENETIC INFORMATION</div> <div style="width: 50%;"><input type="checkbox"/> OTHER (Specify)</div> </div>		DATE(S) DISCRIMINATION TOOK PLACE <div style="display: flex; justify-content: space-between;"> <div> Earliest 09-21-2018 </div> <div> Latest 09-21-2018 </div> </div> <div style="text-align: right;"> <input checked="" type="checkbox"/> CONTINUING ACTION </div>	
THE PARTICULARS ARE (If additional paper is needed, attach extra sheet(s)): <p>I was hired by Respondent on or about February 19, 2018. My most recent position is Sterile Processing Technician. During my employment, I informed Respondent of my disability and I was accommodated. On or about September 17, 2018, Respondent stopped accommodating me.</p> <p>I believe I have been discriminated against because of my disability, in violation of the Americans with Disabilities Act of 1990, as amended.</p>			

I want this charge filed with both the EEOC and the State or local Agency, if any. I will advise the agencies if I change my address or phone number and I will cooperate fully with them in the processing of my charge in accordance with their procedures.	NOTARY - When necessary for State and Local Agency Requirements
I declare under penalty of perjury that the above is true and correct.	I swear or affirm that I have read the above charge and that it is true to the best of my knowledge, information and belief. SIGNATURE OF COMPLAINANT
Digitally signed by Beoncia Jones on 09-28-2018 12:34 PM EDT	SUBSCRIBED AND SWORN TO BEFORE ME THIS DATE (month, day, year)